


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90124 043 ***150.00

DOCUMENT # P00000069895	
1. Entity Name TROPICAL BAY INN MOTEL, INC.	

Principal Place of Business 22968 BAYSHORE RD PORT CHARLOTTE, FL 33980 US	Mailing Address 22968 BAYSHORE RD PORT CHARLOTTE, FL 33980 US
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50029657



02282005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1047415	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DELUCIA, ALISA 22968 BAYSHORE RD PORT CHARLOTTE, FL 33980
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DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Alisa Delucia* *3/18/05* *Dominick Delucia* *3/18/05*
President *Vice President*
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELUCIA, ALISA 22968 BAYSHORE RD. CHARLOTTE HBR, F 33980
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DELUCIA, DOMINICK 22968 BAYSHORE RD. CHARLOTTE HBR, FL 33980
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alisa Delucia* *President* *Alisa Delucia* *941-625-3004*
3/18/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #